

# Child Welfare

**Addressing a Critical Population**—West Virginia has a higher percentage of children in its System of Care who have experienced physical abuse (35%) than the national norm (27.8%). *CMHS Data Profile Report, December 2003.*

- 21% of the children enrolled in the Respite Programs reported physical or sexual abuse in the problems list or Axis I diagnosis.
- 34% of children assigned to an Intensive Care Coordinator had reported past abuse.

**Providing Greater Stability**—Initially more than half of children in the Region 2 outcome study had been in more than one living arrangement at MSFA intake. Multiple placements both within the family and outside of the home decrease for children in the system of care:

- After one year, 76.1% of the MSFA caregivers reported that their child was able to remain in one living arrangement.
- More than 90% of children in the Intensive Care Coordination (ICC) Program were able to remain with the same caregiver after 1 year.

## MSFA Impacts the Child Welfare Program Improvement Plan and Two-Year Strategic Plan

Over a year ago, many states failed a federal review of their child welfare system. WV was one of the states required to develop a plan to improve the quality of services for WV children and their families. WV Program Improvement Plan references the need to rely heavily on relationships with stakeholders, providers, courts, judicial, education, and mental health systems to achieve the outcomes. In addition, a two-year plan is currently being developed to address the continued concern of children in out of state placements. **MSFA is impacting these goals...**

- 96% of the children in parental custody remained in parental custody after one year.
- 250 children/youth were prevented from out of state or out of home placements since 1999 through a regional oversight process and coordination of services
- 55% reduction in out of state placements in the last six years
- 15 different initiatives were funded that increase community-based services, increase non-traditional supportive services, increase family involvement, increase clinical expertise, and increase specialized training with an emphasis to return children from out of state placement.
- 1,100+ regional DHHR employees, providers and community partners received training in family-centered practice, and a number of child welfare staff were trained in strength-based service planning, children's mental health issues and cultural competence.

Sources: Program Improvement Plan, MSFA Evaluation Tracking—MU School of Medicine, KidsCare Region 2 Tracking Reports

The vision of the Mountain State Family Alliance is a comprehensive and integrated system of care where children with serious emotional disturbances and their families can choose and receive timely services within their communities that are strength based and culturally sensitive.

### Preventing relinquishment of custody—What MSFA families have to say:

"The services my child receives through the Mountain State Family Alliance have helped him to stay in school and remain out of state's custody. In our home he has better behavior and is able to play with friends better."

- Jackson County dad

"For years things got so bad the whole family was in crisis. One by one we fell apart.. I was alone and didn't know where to turn, so I spoke out to whoever would listen. I kept being told, 'You have to give up custody in order to get help for your child' ....We need to help keep families united."

- Kanawha County mom